	CI A	IMC AC	FUED	DADT	4						ly.
CLAIMS AS FILED - PA (Column 1)					- Ville				OR	OTHER	•
TOTAL CLAIMS		19				RATE	FEE		RATE	FEE	
OR		NUMBER FILED		'NUMBER EXTRA		BASIC FEE	355.00	ÓЯ	BASIC FEE	710.00	
OTAL CHARGEABLE CLAIMS		19 minus 20=		• 0		X\$ 9=		OR	X\$18=		
IDEPENDENT CLAIMS		4 minus 3 =		1		X40= .			X80=	,80	
IULTIPLE DEPENDENT CLAIM PI			RESENT	<u>-</u> .					OR		
the differen	oce than 7	ess than zero, enter "0" in column 2			+135=	and the second of the second o	Ĭ	*+270=	14. F. SE		
						201011111 E	TOTAL		OR	TOTAL	790
:01.04		SASA umn 1)	MENDE	D - PAR (Colui		(Column 3)	SMALL	ENTITY	OR	OTHER SMALL I	
	CL	AIMS		HIGH	EST		<b>X</b> .	ADDI-		V 200	ADDI-
	AF	AINING TER		PREVI	OUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
Total	AMEN	IDMENT_	Minus	PAID	POH		X\$ 9=	FEE	- 1	X\$18=	ree
Independen		<del></del>	Minus			-			OR		
FIRST PRE		N OF M		FPENDEN	T CLAIM	<del></del>	X40=	\ .	OR.	X80= .	120 m
<b>イス</b>	CENTAIN	71 Or 1111	octili ce ot	CI CITOLIT			1		- 1	2-1,	
					,		+135=		OR	.±270=	Α
TANK TO	्य भागत			• • • •	- 4-3		+135=	- A	앬	+270= ************************************	Marie Paris
	A PINT				· · · ,		+135= TOTAL ADDIT. FEE	A CA	1100	+270= 122 / 246 ADDIT. FEE	MARCH SHAPE
<b>4</b> /× 1)	(Col	umn 1)		(Colu	mn 2)	(Column 3)	TOTAL		1100	TATOTAL	HEALT RACE
	(Col	umn 1) AIMS IAINING		(Colu	mn 2) EST BER	(Column 3)	TOTAL ADDIT. FEE	ADDI-	1100	ADDIT. FEE	ADDI:
	(Col CL REM AI AMER	umn 1) AIMS AINING FTER NOMENT		(Colu High NUM PREVI PAID	mn 2) HEST IBER OUSLY FOR	(Column 3) PRESENT EXTRA	TOTAL	ADDI- TIONAL	1100	TATOTAL	HEALT RACE
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Application on Dock HNumbers